



NAVY RESERVE MEDICINE

AUG 2021, VOL. 2, ISSUE 8

WHAT'S INSIDE

Enlisted Spotlight	2
Ed& Trng, IRT.....	3
RAO Update/IT.....	4
Manpower/CCPD.....	6
Mobilizations.....	6

NR NMRTC Portsmouth Completes Operation Commanding Force

Source: MSC Rudder, July 2021

Led by LCDR Leone, NC (OIC), LCDR Glover, NC (AOIC) and HMCM Schwartz (SEL), NR NMRTC Portsmouth completed their two week Operation Commanding Force (OCF) 2021 on July 1.



OCF is a joint military training exercise at the Bridgewater-Vaccaro Medical Installation on Fort Drum in upstate New York. The medical training facilities are uniquely situated to provide multiple training opportunities for Joint operations. The U.S. Navy, in conjunction with the U.S. Army, has been able to utilize this "ready to go" and "stand alone"

training venue for the last eight years to teach Sailors and Soldiers how to drastically increase the survivability rate of their fellow team members during combat deployments.



The myriad of courses is designed to ensure that medical personnel have the vital skills and clinical competencies needed to save lives on the battlefield in high velocity environments. Operation Commanding Force provides the perfect blend of didactic, simulated field exercises, and maritime training that fosters strong, cohesive partnerships with our sister services. This ultimately enhances our medical capabilities for future contingency operations and ensures a Ready Medical Force that delivers the best care to the Fleet and Combatant Commands.



(continued on page 2)

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(continued from page 1)

There were a total of 35 Navy Reservists from 9 Reserve Commands: EMF Jacksonville, EMF Great Lakes, NR NMRTC Portsmouth, MSC EURF, TBS Quantico, COI Camp Pendleton, NMCB 22, and 4th Dental Battalion.



The overall mission objective was to prepare Navy Reserve Medical Component Enlisted members, as well as Nurse and Medical Corps Officers, to serve in Level I and Level II Health Service Support Elements in an "austere combat environment" and to satisfy mandatory training requirements. Specific core learning curriculums included Hospital Corpsman Skills Basic (HMSB), Tactical Combat Casualty Care (TCCC), Advanced Trauma Life Support (ATLS), and Basic Life Support (BLS). The above training was supplemented with additional exposure to advanced medical and non-medical combat readiness training such as Water MASCAL, MET Roll-Over Simulator, Tongue to Lung Airway Management, Casting, Splinting and Suturing, Virtual Convoy, Virtual Land Navigation, and Weapons Qualification on the M4 and M17. Training culminated into a final exercise that combined all phases of combat care and mission readiness that included: Care Under Fire, Tactical Field Care, Casualty Evacuation, 9-line Medevacs and Support Extraction.

The Ongoing Power of Navy Medicine

**RADM Bruce Gillingham,
Surgeon General**

Esteemed Colleagues, This week I had the honor to participate in a senior leader panel discussion at the Navy League's Sea-Air-Space Exposition. The focus was on military medicine's response to COVID and post-pandemic national security. During the panel discussion, I explained how COVID is a direct risk to readiness and highlighted all the incredible scientific, medical and public health actions Navy Medicine has taken to support our warfighters and fellow Americans.

At our very essence, we exist to provide Force Health Protection. And so this global pandemic has been an extreme example of protecting the force so that they can do their critically important job of defending our liberty.

More than half a million Americans have been killed by this vicious disease and our naval forces are not immune to experiencing tragic and preventable loss. Currently, the Delta variant is the most contagious type of the coronavirus worldwide. It spreads approximately 225 percent faster than the original virus, and causes greater damage in people's respiratory tracts compared with the Coronavirus and other variants. The threat is real.

The President and Secretary of Defense recognize this disease is a threat to our national security and when the order is given to make the vaccine mandatory for all service members, Navy Medicine will be ready to provide the 'biological body armor' to

wipe out this enemy so our forces will remain mission ready. As leaders and healthcare providers – serving aboard hospitals ships, with EMF components, Acute Care Teams, Rapid Rural Response Teams, or at the Naval Medical Readiness and Training Commands, Navy Medicine will continue to project Medical Power. Thanks for all you do.

If you have a moment and want to see the full panel discussion from Sea-Air-Space, click on the link below.

DVIDS Video:

<https://www.dvidshub.net/video/808978/top-dod-health-leaders-speak-sea-air-space-exposition>

Enlisted Spotlight: HMCM Mary Blevins NR NMRTC PORTSMOUTH



HMCM Mary Blevins had the honor of the Surgeon General, RADM Gillingham, presiding over her reenlistment ceremony. HMCM Blevins is the Command SEL for NR NMRTC Portsmouth. Congratulations, Master Chief!



DoD Dine Smart Traveler Rewards - Enroll Today!

As you resume travel, consider enrolling in DoD Dine Smart Traveler Rewards, a new frequent dining program that allows DoD travelers to earn points towards gift cards every time you dine at participating restaurants and pay with your Government Travel Charge Card while on official travel.

The Defense Travel Management Office manages the DoD Dine Smart program, which operates through Dinova, a dining network with more than 18,000 participating restaurants throughout the United States. Here is what you need to know:

-- It takes just two minutes to enroll. Go to <https://www.defensetravel.dod.mil/site/dinesmart.cfm> and follow the link on our website to enroll today through Dinova's DoD Dine Smart webpage.

-- Earn one point for every \$1 you spend at in-network restaurants. Points are earned on the total purchase amount, including tax and tip! Your points can then be redeemed for gift cards from retailers (like Amazon and Target) and restaurants (like Outback and Jersey Mike's).

-- DoD policy requires you use your government travel charge card to pay for all official travel expenses, including meals.

-- Easily locate participating restaurants through the DISA-approved smartphone app, myDinova, which is available through the DoD app store, Google Play, and Apple App Store. The app lets you filter

restaurants by COVID safety protocol and map nearby restaurants.

For more information, visit the Defense Travel Management Office website, www.defensetravel.dod.mil

Education & Training *LT Duncan/HM1 El Gbouri*

As Navy Reserve Sailors, you are eligible for funding for credentials related to your civilian occupation. The certification or license must have relevance to the needs of the Navy and your role in the Navy. Navy COOL (Credentialing Opportunities On-Line) helps Sailors find information on certifications and licenses related to their jobs and can even provide funding to pay for credential exams and maintenance fees:

<https://www.cool.osd.mil/usn/index.htm>.

In accordance with OPNAV INSTRUCTION 1540.56B, Sailors have the opportunity to get support for professional development and support in credentialing. Navy Reserve Medicine Sailors are encouraged to take advantage of this resource!

Navy Reserve Leadership Courses:

The FY22 Navy Reserve Leadership Courses schedule is available. NR NLEC courses satisfy the ALNAVRESFOR 018/18 five-year leadership requirement. FY22 Officer Leadership Course schedule will be a combination of VIRTUAL and IN-PERSON courses. The virtual courses are intended for those officers living OCONUS or in remote areas of the country or currently on MOB OCONUS. All VIRTUAL OLC (V-OLC) participants must be in current compliance with CNRFC telework requirements. Schedules for the Senior Officer Leadership Course (SOLC), Reserve Intermediate Leadership Course (RILC) and the Reserve Division Officer Leadership Course (RDIVOLC) can be accessed via

the Catalog of Navy Courses (CANTRAC) at <https://app.prod.cetars.training.navy.mil/cantrac/vol2.html>

A. Course Identification Numbers (CIN):

- SOLC CIN: A-7C-0612
- RILC CIN: H-7C-0105
- RDIVOLC CIN: H-7C-0106

B. Course Data Processing numbers (CDP):

- SOLC CDP: 12TC
- RILC CDP: 18BH
- RDIVOLC CDP: 19T9

M10 Training Department continues to support and help you succeed in your Navy career.

Innovative Readiness Training (IRT) Program *LCDR Gangler*

Forty-two Navy Reserve Sailors from NMRTC Portsmouth and supporting units traveled to Morehead, Kentucky for the Operation Gateway IRT from 9-22 July.



NRM Sailors from Operation Gateway IRT

These members joined the Air Force Reserve Command, Air National Guard, Army Reserve, USMC 4th Medical and Dental Battalions, and the Navy Ophthalmic Support and Training Activity (NOSTRA) team to conduct operations and training at five patient care sites. The team treated 2,578 patients,



LCDR Carol Koper, Operation Gateway AOIC, and RDML Donald Size

totaling 12,606 medical, dental, and optometry procedures, and fabricated 859 pairs of glasses, saving the local community \$880,051 in medical care costs. The Navy Reserve Medicine team conducted over 5,104 man hours of continuous Joint Service training throughout the exercise. Navy Reserve Sailors filled key leadership roles, including patient care site OIC, Mission AOIC, Mission SEL, Admin Officers, PERSCO, Safety OIC, and Medical OIC.



From the RAOs...

**CAPT Marley/CAPT Blaustein
CAPT Ormsbee/CAPT Morgan**

CORRESPONDENCE TO THE FY22 APPLY BOARD (August 1 RFMT Message)

The NAVADMIN announcing Letter to the Board (LTB) deadlines has not yet been released by PERS. The deadline is typically two weeks before the Board convenes, Oct 18th.

To Submit LTB, you may access the workspace via the BOL homepage or at the following address:
<https://nefp.bol.navy.mil/lc/apps/ws/index.html#/startprocess/> The Navy Personnel Command Document Services Workspace portal will walk you through generating the letter, attaching enclosures, signing and digital submission of your LTB.

Navy Reserve Officer Retention & Continuation Policy

In December 2020, VADM Nowell signed an action memo with an update to the FY21 and FY22 Navy Reserve Officer Retention and Continuation Policy which complies with title 10 US Code and DoD regulatory requirements.

Section 12731 (paragraph (f)) explains that retirement age is 60 years old. It is often confusing since the SECNAVINST 1920.6D and parts of 10 USC state that the maximum age is 62 but members must apply to the NPC panel which holds the SECNAV delegated authority to be retained past 60. This law and policy applies to medical officers also. Officers can be retained until age 68 based on community manning requirements, however will need a SECNAV-approved exception to policy.

12731. Age and service requirements (a) Except as provided in subsection (c), a person is entitled, upon application, to retired pay computed under section 12739 of this title, if the person—
(1) has attained the eligibility age applicable under subsection (f) to that person;
(2) has performed at least 20 years of service computed under section 12732 of this title;
(f)(1) Subject to paragraph (2), the eligibility age for purposes of subsection (a)(1) is **60 years of age**.

Additionally, per section 14507 of Title 10 - Retirement will be mandatory for CAPTs who complete 30 years of commissioned service (YCS). With NPC board and SECNAV approval can be retained up to completing 35 YCS. CDRs who complete 28 YCS with NPC board and SECNAV approval can be retained up to completing 33 YCS. LCDRs who complete 20 YCS with NPC board and SECNAV approval can be retained up to completing 24 YCS. LTs who were considered twice for selection to LCDR and twice failed selection with NPC board and SECNAV approval can be considered for one more opportunity. Continuation is not authorized for any LT who has three or more failures of selection to LCDR.

Please contact the RAOs if you have any questions regarding retention or continuation.

IT Corner

HM1 El Gbouri

GET YOUR MS TEAMS READY

We adapted to the new teleworking tools, especially MS TEAMS CVR, now we have other



versions such as O365 or Flank Speed. The general assumption is that both tenants talk to each other, so regardless of what tenant you belong to (O365-J for BUMED and DHA or Flank Speed for CNRFC and Subordinate commands) you will be able to attend and/or be part of conferences managed by either tenant.

1. **For Flank Speed:** you can gain access by going to <https://portal.apps.mil> and typing in the email fathom@us.navy.mil then select the option to log in with CAC
2. **For O365-J:** you will need to type in your mail.mil email and click log in with CAC.

For the O365-J tenant that will be hosting the BUMED M10 online conferences, please refer to the [MS TEAMS User Guide made by BUMED M10](#). Inside this guide you will learn how to log in, how to set up a team, how to get support in case of problems, and much more. But to get you started let's look at some "what if" scenarios:

What if:

- You can't log in with your CAC
 - ✓ Your account is not provisioned. Update your email via Milconnect, submit a ticket via <https://gsc.health.mil>, contact dhagsc@mail.mil or call 1800-600-9332 and say: "Microsoft teams" when asked by the automated system.
 - ✓ You are using an unsupported platform. Use your web browser, preferably Google Chrome, MS Edge, or Firefox.
 - ✓ Your device is malfunctioning. See your IT department (if at BUMED, set up an appointment with ITACS by calling 703-681-9010 or

by submitting a ticket via: <https://esportal.med.navy.mil/bu-med/itacsSupport/Lists/Trouble%20Ticket%20Submissions/Item/ne-wifs.aspx>).

- You can't add people to your team
 - ✓ If you can't find people when trying to add them, either they don't have an account with MS Teams, or they are from an outside tenant. The Solution is to add them as guests, they can see and hear but can't present.
 - ✓ If you can find them, but they have an account from an outside tenant, still add them. If the tenant is within the DoD list of tenants outlined in the link above, the general assumption is they can communicate with full capabilities. (The MS Teams platforms are still being worked on, so this may or may not be fully implemented, and it has to do with a capability managed internally by each tenant called "External Federation" not the scope of this guide.)

Once you test your account and your equipment, including your microphone and your camera, test your ability to present, share files and such by creating a meeting via your outlook and testing your capabilities. To create a meeting and add attendees, refer to [MS TEAMS User Guide made by BUMED M10](#).

The NRM Leadership Symposium of September 2021 will be either all in-person or in a hybrid format, or even fully virtual, the in-person option may have restrictions simply to abide by the directives of the venue selected. We understand we are in a fluid

situation, and diverse restrictions may be implemented for public health safety reasons.

Additional Notes:

If you have access issues, reach out to your NOSC or Local Command N6 representative, you will be directed to the next phase of support to get your account access fixed.

The links below can further inform on the MS Teams Platform.

<https://www.cloud.mil/DoD-365/>
<https://dod365.sharepoint-mil.us/PrivilegedRoleRequirement>
[How to update your email in RAPIDS Self-Service](#)

[How to allow others from outside your Internal Domain Name to join meetings](#)

Happy 74th Birthday, Medical Service Corps! CAPT Ormsbee, MSC RAO

On August 4, 1947, the Army-Navy Medical Service Corps Act was passed to provide a permanent commissioned corps of specialists to complement the existing Medical Department officer corps. As the most diverse corps in Navy Medicine, the MSC is made up of 31 specialties, including clinicians, administrators, researchers, and scientists.

Our critical impact can be seen woven throughout history, and even in this very moment, we are standing at the forefront, serving in immeasurable ways in the current fight against COVID19. We are bringing all of our diverse skills to the table, and as we always do, we are ensuring mission success! I am so proud to call myself a MSC Officer and I am grateful to be serving with each one of you.



Manpower

LT Palomino

JO Apply Dream Sheet "Local Vs Cross-Assigned"

Background: After every JO Apply cycle, CNRFC receives requests from Junior Officers to have their TRUIC changed. Many of these requests are denied because members were "locally" assigned to a billet due to waiving the reasonable commuting distance. If the member wants to have a TRUIC change, the member must agree to have their PRD cut and apply to a new billet the following cycle.

Guidance: When adding billets to your "dream sheet", if the billet is located outside 100 miles, a window will pop-up with a message stating that ***"The billet you have selected to add to your dream sheet is over 100 miles from your home of record. Please select how you will be accepting this billet"***. You have the option to select "Local" or "Cross-Assigned". If you click local and agree to waive the reasonable commuting distance, you are agreeing to travel to the Unit where the billet is located to conduct your drills and you are also agreeing to pay for your own travel. So, **ONLY** select "LOCAL" if you want to pay for your travel to conduct your drills or if you live local a HQs Command.

REMEMBER: ALL billets are located at the **HQ location ONLY**, there are not any billets assigned to any detachments. Even if you know there is a DET at your home NOSC or if the DET is located in the same building as the HQ, you should only select "local" if you are drilling with the HQs. This is the only true "LOCAL"

assignment, when your TRUIC and UMUIC are exactly the same.

Mobilizations

LT Womack

GTMO 1/14/2022 – 10/25/2022

- ICU Nurse (1960) O3/O4/O5
- General Pharmacist (1887) O3/O4/O5
- Med/Surge Nurse (1910) O2/O3/O4
- Nurse Quality Management (1950) O4/O5

GTMO (3/25/2022 – 10/25/2022

- Deputy Surgeon General/OIC Det (2105) O5/O6

GTMO 4/1/2022 – 10/25/2022

- Family Practice/Internal Medicine Officer (2105) (SMO) O5/O6
- Nurse Operating Room (1950) O4/O5

EUCOM AOR (2/25/2022 – 12/16/2022

- Nurse Practitioner (1976) O3/O4

Updated Education Benefits Policy for SELRES Sailors

In a recent clarification of benefits, qualified Selected Reserve Service Sailors may concurrently receive both Montgomery GI Bill Selected Reserve (MGIB-SR) and Federal Tuition Assistance (TA) educational benefits when enrolled in a half-time (6 credit hours) or greater program of education.

Anything less than half time, only one benefit can be utilized.

MGIB-SR program offers up to 36 months of education and training benefits and

is a free for both Officer and Enlisted Sailors who have incurred a 6-year service obligation in the Selected Reserve. Officers must agree to serve 6 additional years beyond their initial service obligation. The Command Career Counselor can assist with eligibility. Additional information can be found at <https://va.gov/education/about-gi-bill-benefits/montgomery-selected-reserve/> Navy Reserve Enlisted Sailors can be eligible for Tuition Assistance (TA) when serving in an active-duty status throughout the funded course. Officers must agree to remain on active duty for at least two years from the completion date of their last TA funded course. Additional TA eligibility criteria can be found at <https://navycollege.navy.mil/sailors/tuition-assistance-ncpace.htm>

From CCPD...

NAVY RESERVE MEDICINE (NRM) - TIPS OF THE MONTH

Navy Reserve Medicine (NRM) healthcare providers are reminded to submit case logs with their credentialing/privileging applications, and to ensure a Performance Appraisal Report or Clinical Appraisal Report is signed and submitted to CCPD after all ATs, ADTs, ADSWs, and other periods greater than 3 days.

- In regard to case logs, and other competency documentation the following applies:
 - Subject: Clinical Case Logs and/or other clinical competency documentation for Navy Reserve privileged and clinical support staff (RN and Enlisted Dental Hygienists) healthcare providers.



– Policy: Current civilian clinical privilege lists, clinical case logs, job descriptions, and other relevant information are a Defense Health Agency (DHA) requirements for granting of privileges or clinical support staff assignment for NRM healthcare providers.

– Genesis of the Policy: Since most of the clinical care provided by Navy Reserve healthcare providers takes place in the civilian sector, and Performance Appraisal Reports (PARs), or Clinical Appraisal Reports (CARs) are often not available due to operational Annual Trainings, or care delivered outside of an MTF. Thus, clinical competency documentation is either non-existent, or insufficient to assess core competencies for requested privileges or clinical support staff assignment.

– What is Required (privileged providers): Therefore, current (i.e., within the 2-years of the provider's privileging cycle) case logs, or other clinical competency documentation are required to privilege all RC healthcare providers, with special attention to dental or medical specialists which include general dentistry, or general internal medicine as part of the specialist's core privileges (i.e., Cardiology & IM, Gastroenterology & IM, Oral Maxillofacial Surgery & GENDEN). For assistance with formulating case logs, if needed, please consult your Specialty Leader, BUMED RAO, or CCPD credentialing specialist for assistance.

– What is Required (clinical support staff providers): Same as with privileged providers (see above). Additionally, although case logs are not a requirement for a clinical support staff assignment from CCPD, it is **STRONGLY RECOMMENDED** for each clinical support staff provider to maintain clinical case

log hours directly related to your nursing clinical subspecialty and KSA's for clinical sustainment purposes and for submission to CCPD. Finally, as a gentle reminder a copy of the ELSIVER completion report adjudicated by Specialty Leader should be submitted to CCPD.

– If clinical case logs cannot be submitted to CCPD, a copy of current or recent clinical privileges from a military or civilian healthcare institution, clinical activity report with evaluation from a previous employer, FPPE / OPPE, Peer Review documents, Annual Clinical evaluations, or a letter of attestation from a clinical supervisor with a list of specific clinical procedures (including the breadth, depth, and type of care provided) within the 2-year renewal cycle will be accepted. For further information, you may reach CCPD by email at USN-CCPD@mail.mil.

CME Submission Process

All drilling Reservists must obtain a signed approval from their Commanding Officer or designated representative via NAVPERS 1336/3, Special Request/Authorization to submit credit for applicable CME courses. Once approved, The COC or NRA will verify correspondence is on the aforementioned approved list and that the member was not performing Inactive or Active Service at the time of course completion prior to making the NSIPS entry. NRA or Member can submit package and approved coversheet to BUMED for point capture. Once sent, members must allow 120-180 days for a manual update to post to Annual Retirement Point Record.

Non-drilling Individual Ready Reservist (IRR) can fax, email CME package, consisting of all enclosures listed on SOP and certificates to BUMED in one PDF file plus the one Excel Spreadsheet.

Email:

usn.ncr.bumedfchva.mbx.m10-admin@mail.mil

- Subj: CME ICO RANK LNAME FNAME
 - a. Address: BUMED (M10), 7700 Arlington Blvd., Falls Church, VA 22042
 - b. Customer Service: (703) 681-9202
 - c. FAQ's website: <http://www.public.navy.mil/bupers-npc/career/reserveperso-nnelmgmt/Pages/PointsFAQ.aspx>

****Please note this contact info has been recently updated.****

CME courses are reviewed and approved by the Bureau of Medicine and Surgery (BUMED) prior to PERS-912 point crediting. PERS-912 info for inquiries:

- a. FAX: (901) 874-7044
- b. 5720 Integrity Drive Millington, TN 38055
- c. NPC Customer Service: (866) 827-5672

For questions, please contact HMCS Sheppard, derek.w.sheppard@mail.mil.